



Town Center Commercial Revitalization Grant Program ELIGIBILITY APPLICATION FORM

Please provide the requested information and submit it to: DEVELOPMENT DEPARTMENT
4035 BROADWAY
GROVE CITY, OHIO 43123
PHONE: 614-277-3000

PROPERTY INFORMATION

PROJECT ADDRESS: _____
STREET CITY STATE, ZIP
PARCEL ID NUMBER: 040- PROPERTY ZONING: _____

FILING INFORMATION (PLEASE READ CAREFULLY)

1. Are you seeking a TCCR grant as a property owner _____ OR as a business owner _____? (ONLY CHECK ONE)

- If you are submitting as a business owner (or tenant) you are required to submit an owner consent form.

2. Are you seeking a grant as a person/sole proprietor _____ OR as a non-person/entity (e.g. LLC.) _____? (CHECK ONE)

- If you are submitting as a non-person/entity (e.g. Limited Liability Company, Partnership, etc.) you are required to submit organizational documents.

Note: Please be advised that how you answer the questions above will determine how the grant is processed and how funds are dispersed. Additionally, the answers above may create or carry certain tax implications, as grant funds are treated as income subject to Federal Income Tax.

APPLICANT INFORMATION

Instructions: This section should reflect how you answered the questions above. If you answered as a "property owner" this section should reflect the property ownership information as contained on the Franklin County Auditor's website. Similarly if you answered as a "business owner" this section should reflect the business ownership as filed with the Ohio Secretary of State.

Name	Address	City, State, Zip
Phone	Fax	Email

If applying as a **non-person/entity** please provide how ownership is organized (e.g. LLC, Trust, etc.): _____

Additionally, please provide the requested information for all individuals holding 10% or more of the ownership in the space below.

FULL NAME	DATE OF BIRTH	PERMANENT ADDRESS	TELEPHONE	%OWNERSHIP

BUSINESS OCCUPANCY INFORMATION

Instructions: List all businesses operating from the project address and the "type" of business. Please note that Business Type refers to the primary service or product offered to the market (e.g. florist, barber, etc.). Eligible Business refers to for-profit businesses (excluding national chains and sexual oriented businesses) as well as non-profit and not-for-profit organizations holding valid 501(c) status with the IRS.

BUSSINESS NAME	BUSINESS TYPE	IS BUSINESS ELIGIBLE (Y/N)

AT LEAST 50% OF THE BUILDING FLOOR AREA IS USED TO CONDUCT BUSINESS or NON-PROFIT ACTIVITIES? ☐ YES / ☐ NO

PRIMARY POINT OF CONTACT

Name	Title	Relationship to Applicant
Name of Business (if applicable)	Address	City, State, Zip
Phone	Fax	Email

Note: Please be advised that serving as the primary point of contact infers that you have the proper authorizations to speak, represent and make commitments on behalf of the applicant(s). All communication regarding the grant request will be routed through the primary contact under the assumption that any pertinent information is also being routed to the property owner(s) and/or business owner(s). The City does not take any responsibility for the lack of communication between the primary contact and any related private parties.

PROJECT INFORMATION

ANTICIPATED PROJECT START DATE: _____

ANTICIPATED PROJECT COMPLETION DATE: _____

Note: Approved projects are required to be completed within 180 days from the date of the awarded grant unless a written extension is granted by City staff. Additionally, all building permits and zoning approvals are to be obtained prior to the commencement of work.

ATTACHMENTS (READ CAREFULLY- ALL ITEMS MUST BE COMPLETED, CHECKED AND MUST BE ATTACHED)

Instructions: All items below need to be checked for the application to be processed. Submitting partial or incomplete information will delay the project's eligibility determination.

- ☐ **NARRATIVE PROJECT DESCRIPTION-** A typed statement of what the project will involve. Provide as much detail as possible, including what you are changing or replacing, type of new materials to be used, color, location, etc.
- ☐ **PHOTOGRAPH(S) OF EXISTING CONDITIONS-** Submit photos depicting the current condition. Be sure to label each photo and indicate what improvements you are proposing to make in each.
- ☐ **DETAILED COST ESTIMATES/BIDS FOR PROPOSED IMPROVEMENTS-** Submit bids for all work to be performed. Indicate what contractors you are proposing to use on the project. Bids should provide enough detail to make the proposed scope of work clear (quantity, cost and type of work).
- ☐ **DRAWINGS OF PROPOSED IMPROVEMENTS-** Submit plans, sketches and/or renderings of proposed improvements. For smaller projects this may not be required. **Check box if not applicable (☐).**
- ☐ **DETAILS AND CUT-SHEETS OF PROPOSED IMPROVEMENTS-** Submit all product details, manufacturer's information, sample sheets showing colors, size, type of materials and finishes, technical data, etc. If a sign is proposed, graphically indicate sign lettering style, letter and sign dimensions.
- ☐ **ORGANIZATIONAL DOCUMENTS-** Submission of organizational documents are required if the applicant is not applying as an individual or sole proprietor. **Check box if applicant is applying as individual or sole proprietor (☐).**
- ☐ **OWNER CONSENT FORM-** Required if applicant is not the owner of the project real estate. If applying as a tenant and/or business owner, an owner consent form must be submitted. **Check box if property owner is applicant (☐).**
- ☐ **STATEMENT OF EXCEPTIONAL CIRCUMSTANCE -** Applicants requesting an exceptional circumstance from City Council shall provide, on a separate sheet of paper, a written statement detailing how the proposed project or property inclusion; increased grant funding; or increased matched percentage complies with and furthers the obtainment of the general goals and objectives of the Town Center Plan. Additionally applicants shall provide detailed written responses addressing all applicable statements below: **Check box if not applicable (☐).**
 - (1) proposed improvement will substantially enhance the vitality and appearance of Town Center;
 - (2) proposed improvement will result in creation of jobs;
 - (3) proposed improvement will result in the leveraging of additional economic investment and/or activity;
 - (4) proposed improvement will result in the utilization of sustainable building and site design concepts;
 - (5) proposed improvement will result in the attainment of a needed service or goal as set forth in the Town Center Plan;
 - (6) proposed improvement will result in the maintenance and enhancement of exterior structures and their interior facilities; and
 - (7) proposed improvement will result in the update of building and facilities to meet current code requirements to better serve and protect the health, life and safety of their occupants.

SUMMARY OF ESTIMATED COSTS AND GRANT AWARD

APPLICANT USE		OFFICE USE ONLY			
SUMMARY OF QUOTED/PROPOSED WORK	ESTIMATED COST	ELIGIBILITY			ELIGIBLE COST
		Yes	No	Partial	
TOTAL PROJECT COST		TOTAL ELIGIBLE COST			
		EST. GRANT AWARD			
Review Notes: 					
Date Reviewed:		Reviewed By:			

Program Regulations (Partial):

- Staff bases eligibility decisions on the following criteria: (1) improvement to the appearance of the Town Center; (2) creation of jobs; (3) leveraging of additional economic investment and/or activities; (4) utilization of sustainable building and site design concepts; (5) provision of needed services or goal as set forth in the Town Center Plan; (6) promotion of maintenance and enhancements of exterior structures and their interior facilities; and (7) updating building and facilities to meet current code requirements to better serve and protect the health, life and safety of their occupants.
- Eligibility of proposed improvements for participation in the grant program is at the sole discretion of the City. The City retains the right to approve an entire request, to approve portions of a request, suggest and/or ask for changes/additions to a request before approving, or to deny any request or portion thereof.
- The total reimbursement amount for a project will be based on the submitted quote(s) contained within and set as part of the approved grant application. Any cost exceeding the originally estimated amount will be the responsibility of the applicant and will not be eligible for reimbursement.

FOR OFFICE USE ONLY

DATE RECEIVED:	DATE OF FINAL DETERMINATION:
DETERMINATION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> APPROVAL FOLLOWING CONDITIONS: _____	

DECLARATIONS

INITIAL BELOW:

- _____ The applicant agrees to abide by all rules, regulations and provisions of the Town Center Commercial Revitalization grant program.
- _____ The applicant agrees to complete all improvements within the program specified 180 days from the approval date of the eligibility application unless otherwise granted an extension by the Development Department.
- _____ The applicant agrees to obtain all necessary building permits and zoning approvals from the Building Division prior to starting work or seeking reimbursement funds.
- _____ The applicant agrees to construct and complete improvements in accordance with all applicable codes and requirements of the City.

ACKNOWLEDGEMENTS

INITIAL BELOW:

- _____ The Applicant agrees that in the event of his/her/their breach of any condition or provision or whenever deemed to be in the interest of the City of Grove City, the Development Director or his or her designee has the right to terminate the grant request.
- _____ The Applicant understands that this is a voluntary program. The applicant also understands the City has the right and sole discretion to determine project eligibility, grant approval or deny any portion thereof.
- _____ The Applicant agrees to allow any duly authorized representative of the City of Grove City, at reasonable times and with forty-eight (48) hours prior notice, to have access to any portion of the project in which the City is involved and the period of such right to this access shall be until the City closes out the project.
- _____ Applicant understands that he/she must submit detailed documentation that demonstrates beyond a reasonable doubt that all improvements have been completed and all costs/bills/invoices have been paid. Proof of payment may include but not limited to canceled checks, paid billing invoices, paid receipts, and original contractor's lien waiver(s).
- _____ The Applicant authorizes the City to use his/her/its name, likeness, photos and/or information about the project participating in the Program for promotional purposes.

APPLICANT SIGNATURE

I UNDERSTAND THAT MY SUBMISSION OF AN APPLICATION DOES NOT CONSTITUTE A GUARANTEE FOR FUNDING UNDER THE TOWN CENTER COMMERCIAL REVITALIZATION GRANT PROGRAM. I CERTIFY THAT ALL INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE, AND IF APPROVED, WORK WILL BE COMPLETED IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE GRANT PROGRAM.

BY SIGNING BELOW, THE APPLICANT ACKNOWLEDGES THAT HE/SHE HAS RECEIVED AND READ THE PROGRAM GUIDELINES FOR THE TOWN CENTER COMMERCIAL REVITALIZATION GRANT PROGRAM. ALSO, THE APPLICANT ACKNOWLEDGES THAT HE/SHE IS THE PROPERTY OWNER OR IS DULY AUTHORIZED TO ACT ON BEHALF OF THE COMPANY AND/OR EACH PRINCIPAL OF THE COMPANY AND THAT THE COMPANY IS PROPERLY ORGANIZED AND LICENSED TO CONDUCT BUSINESS IN THE STATE OF OHIO.

Applicant/Owner Signature

Date

STATE OF OHIO, COUNTY OF FRANKLIN} SS

The above individual(s), being first duly sworn, deposes on oath and says that he/she has read the foregoing Affidavit subscribed by him/her, knows the contents thereof, and that the statements therein are true.

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____.

Official Seal and Signature of Notary Public



**Town Center
Commercial Revitalization Grant Program**

OWNER CONSENT FORM

Please provide the requested information and submit it to: DEVELOPMENT DEPARTMENT
4035 BROADWAY
GROVE CITY, OHIO 43123

The undersigned owner of the existing building located at:

_____ (address), certifies
that _____ (Applicant) operates
or intends to operate a business at the above location. The undersigned agrees to permit the Applicant and his/her
contractors or agents to implement the improvements listed on the Town Center Commercial Revitalization Program
Application ("the Application") dated _____

The undersigned hereby waives any claim against the City of Grove City ("the City") arising out of the use of said
grant funds for the purposes set for the in the Application. The undersigned agrees to hold the City harmless for any
changes, damages, claims or liens arising out of the Applicant's participation in the Town Center Commercial
Revitalization Grant Program.

In witness whereof, the owner has hereunto set his/her hand and seal, or if a corporation, has caused this instrument
to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its
Board of Directors, if a Partnership by its Partners, if a LLC or LLP, by its Members/Managers, etc. the day and year
first above written.

(Company Name) **leave blank if Owner is an individual**

By: _____

Name

Title

By: _____

Name

Title

Ohio, County of Franklin

I, _____, a Notary Public, do hereby certify that

_____ personally appeared before me this day and Acknowledged the due
execution of the foregoing instrument.

Witness my hand and official seal or stamp, this _____ day of _____, 20 ____.

Notary Public

My commission expires